Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

Psittacosis

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Fever** Highest measured temp (°F): _____ ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	**Chills**
☐	☐	☐	☐	**Headache**
☐	☐	☐	☐	**Cough** Cough onset date: ___/___/___
☐	☐	☐	☐	Nonproductive cough
☐	☐	☐	☐	Breathing difficulty or shortness of breath
☐	☐	☐	☐	**Muscle aches or pain (myalgia)**
☐	☐	☐	☐	**Eyes sensitive to light (photophobia)**

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	Respiratory infection, Type: _____
☐	☐	☐	☐	**Pneumonia or pneumonitis** X-ray confirmed ☐**Y** ☐**N** ☐**DK** ☐**NA**

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	***Chlamydophila psittaci*** **isolation (respiratory secretions)**
☐	☐	☐	☐	***C. psittaci*** **immunoglobulin M (IgM) antibody positive by MIF to a reciprocal titer of => 16**
☐	☐	☐	☐	***C. psittaci*** **antibody => 4-fold rise by complement fixation or microimmunofluorescence (MIF) to a reciprocal titer or => 32 (paired acute- and convalescent-phase serum)**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to figure probable exposure period

	Exposure period		onset
Weeks from onset:	-4	-1	
Calendar dates:			

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
_____
_____

Y N DK NA

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**
☐ ☐ ☐ ☐ Psittacine bird
☐ ☐ ☐ ☐ Other pet bird

Y N DK NA

☐ ☐ ☐ ☐ Pigeon
☐ ☐ ☐ ☐ Wild bird
☐ ☐ ☐ ☐ Domestic fowl (e.g. chicken, turkey)
☐ ☐ ☐ ☐ Bird dropping or feather exposure without direct contact
☐ ☐ ☐ ☐ Pet shop visit
☐ ☐ ☐ ☐ Occupational exposure (e.g. pet shop, veterinary clinic, poultry processing)
☐ ☐ ☐ ☐ Domestic fowl (e.g. chicken, turkey)
☐ ☐ ☐ ☐ Bird dropping or feather exposure without direct contact

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

☐ ☐ ☐ ☐ Epidemiologic link to a confirmed or presumptive avian case
☐ ☐ ☐ ☐ Source bird identified
Bird tested pos. for psittac. ☐**Y** ☐**N** ☐**Not tested**
Origin of infected bird:
☐ Private home ☐ Private aviary
☐ Commercial aviary ☐ Pet shop
☐ Bird loft ☐ Poultry establishment
☐ Other: _____ ☐ Unk
Species: _____
☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

☐ Initiate trace-back investigation
☐ Quarantine or treat infected birds
☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Psittacosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered